HTE# 08-500 19207 Harnett County Department of Public realth

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| DEBUIT | ** | 24 | 1 | 02 | |
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| PERMIT | # | 24 | 4 | 7 |) |

Operation Permit

| PERMIT # 3 10) | Operation remit | |
|--|--|------------------------------------|
| | New Installation Septic Tank Repair Nit | trification Line Expansion |
| | PROPERTY LOCATION: 1210 | |
| Name: (owner) Rent Pierce | CURRINGIAN VOCES | 107 # 00 |
| | SUBDIVISION Yersinnon H.11 | |
| System Installer: Ted Brown | Registration # | |
| Basement with plumbing: Garage A Number of Bedrooms | 3 | |
| Type of Water Supply: Community Public Well | Distance from well feet | |
| System Type: Vurp to 25 Meduction Syst | Types V and VI Systems expire in 5 years. | |
| (In accordance with Table V a) | Owner must contact Health Department 6 months prior to expiration for | permit renewal. |
| | | |
| This system has been installed in compliance with applicable North Carolina General St | tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit | it and Construction Authorization. |
| | | 25' 24 |
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| PERMIT CONDITIONS: | | |
| I. Performance: System shall perform in accordance with Rule | 1961. Parl | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes | No D | |
| If yes, see attached sheet for additional oper | | |
| IV. Operation: | Design Programme and an arrange and an arrange and a second of the secon | |
| · | | |
| V. Other: | | |
| | | |
| Following are the specifications for the sewage disposal system on th | e above captioned property. | [|
| Type of system: Conventional Other One N | , | Pump Tank: 1000 gallons |
| Subsurface No. of exact len | ngth width of | depth of |
| Drainage Field ditchesl of each | ditch feet ditches feet | ditches 18 inches |
| French Drain Required: Linear feet | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 0/ =: | 1 |
| Authorized State Agent | Date 26.27 | -08 |